

Date of Visit: 11-13-03 NAME: Magee, John
 Age:
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA Osteoarthritis/None Other:
CC: Per Dr Bell advised Mary B is		P.H.I. that pt could
HPI: continue IV saline 0.9% 1 liter		qd x 3 mo. p. lower
Looks Well: Mildly Ill: Toxic:		PSH: CABG/Appendectomy/GB/Hysterectomy/Hernia Repair/ Tubal Ligation/None Other:
ROS: [] Old chart reviewed. [] ROS unobtainable.		
Constitutional-Fever/Chills/Weakness	GU-Dysuria/Frequency/Urgency	
HEENT-Visual Changes/Earache/Sore Throat	Neuro-Altered level of Consciousness/Seizure/ Dizziness/LDC/Focal Weakness	
Respiratory-Cough/Production/Wheezing/SOB	Skin-Rash/Ulcer	
CVS-Chest Pain/Edema/Palpitations	Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain	SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation	Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:		
PE:		WT: HT: R:
General-	Normal	T: P: BP:
Head-	Normal	FH: CAD/COPD/DM/HTN/CVA/None Other:
Eyes/Ears-	Normal	
Nose/Throat-	Normal	
Neck-	Normal	
CVS-	Normal	
Lung/Chest-	Normal	Td: UTD/Noncurrent/N/A
Abdominal/Rectal-	Normal	LMP: Postmenopausal/ N/A
Extremities-	Normal	LAB/ XRAY / EKG
Neuro-	Normal	
Skin-	Normal	

Assessment and Plan/Re-Assessment/Procedures

RETURN
 Discussion Held (Time)

Date of Visit: 10/24/03 NAME: Magee, John
Age: 43David S. Bell, M.D.
77 South Main Street
Lyndonville, NY 14098
716-765-2060

Med. Allergies: Codeine, Iodine

Meds: See symptoms Rating Form

CC: CFS re

HPI:

Pain worse but getting through. Getting no relief
daily

Looks Well: Mildly Ill: Toxic:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Ears/Chen/Sore Throat NEURO-Altered level of Consciousness/Seizure/
Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB Skin-Itch/Ulcer

CVS-Chest Pain/Edema/Palpitations

SRE Musculoskeletal-Myalgias/Arthralgias/
Neck Pain/Back PainGI-Abdominal Pain/Nausea/Vomiting/
Diarrhea/Constipation Psychiatric-Anxiety/Depression/Suicidal Ideation/
Homicidal Ideation

Other:

PE:

General- ☒ NormalHead- ☒ NormalEyes/Ears- ☒ NormalNose/Throat- ☒ NormalNeck- ☒ NormalCVS- ☒ NormalLung/Chest- ☒ NormalAbdominal/Rectal- ☒ NormalExtremities- ☒ NormalNeuro- ☒ NormalSkin- ☒ NormalPMH: CAD/HTN/COPD/CVA/DW/Epilepsy/RA/
Osteoarthritis/None
Other:PSH: CABG/Appendectomy/GBR/Hysterectomy/Hernia Repair/
Tubal Ligation/None
Other:SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None
Other:

WT: 252 lbs HT: R: 16

T: 96.4 P: 116 BP: 138/80

FH: CAD/COPD/UMH/N/CVA/None

Other:

Td: ☐ (U)/None/Current/N/ALMP: ☐ Postmenopausal/N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

CFS
Orthostatic hypotensionVicodin 2.5/500 TID prn
Klonopin 0.5 bid prn
(K 0752616)

RETURN

Discussion Held (Time)

11-12-03 pt's phone in, pt in severe pain, trying to work, only minimal relief of Vicodin 2.5/500 TID +
Celebrex, requesting oxycontin for brief time frame so pt may keep working. per Dr Bell advised pt would probably

Date of Visit: 9-5-03 NAME: Magee, John
 Age:
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DME/Epilepsy/RAV Osteoarthritis/None Other:
CC: pt's wife phoned in stating pt was doing fine, HPI: going to work, work is very very hard. also Renee stated pt had "phlebitis" and was last seen 9-3-03 by pharm health nurse called the Neenan @ pharm health - she stated pt had been advised to rest arm, take it easy, apply warm wet soaks to "tiny area of redness", pr had stated he had to work. Requested the to have a nurse check his picc line this weekend P.P. order		
Looks Well:	Mildly Ill:	Toxic:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		PSH: CABG/Appendectomy/GM hysterectomy/femur Repair/ femur Ligament/None Other:
Constitutional-Fever/Chills/Weakness		GU-Dysuria/Frequency/Urgency
HEENT-Visual Changes/Earache/Sore Throat		Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness
Respiratory-Cough/Production/Wheezing/SOB		Skin-Itch/Ulcer
CVS-Chest Pain/Edema/Palpitations		Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation		Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation
Other:		SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
9-15-03 Klonopin 0.5mg \pm PO M		#5 called to Rite Aid -
PE: Hereeye Falls - Script mailed		WT: # K. 075284 R:
General-	Normal	T: P: BP:
Head-	Normal	FH: CAD/COPD/UM/HTN/CVA/None Other:
Eyes/Ears-	Normal	
Nose/Throat-	Normal	
Neck-	Normal	
CVS-	Normal	
Lung/Chest-	Normal	Td: UTI/N/A/current/N/A
Abdominal/Rectal-	Normal	LMP: Postmenopausal/N/A
Extremities-	Normal	LAB/ XRAY / EKG
Neuro-	Normal	
Skin-	Normal	

Assessment and Plan/Re-Assessment/Procedures

RETURN
 Discussion Held (Time)

David S. Bell, M.D.
77 South Main Street
Lyndonville, New York 14098
Telephone: (585) 765-2060

Patient: John McGee

Date: 8-11-03

John McGee presented for follow up visit on 08/11/03. I had talked with his psychotherapist, Dr. Carolyn Serami, and also talked with his primary care physician, Dr. Kates. Dr. Serami feels that he needs increased pain medication because his pain is clearly out of control. Discussion with Dr. Kates reveals that he feels that this is entirely a psychosomatic problem and that he should not have any pain medication because he needs to confront his problems. Since the last visit he has had a slight increase in activity with the intravenous fluids but certainly not to the degree that is making his life comfortable. He continues to have severe pain, eight and nine on the muscle and joint pain schedules. He is currently not taking any narcotic medication as that was not seeming to help. He is taking Ritalin 20 mg in an attempt to improve his overall activity. This, so far, has not been helpful.

Discussion was held today about his depression. He has contracted with his therapist not to commit suicide although he is still extremely depressed. He sees a coming crisis in his requirement to go back to work in a few week's time. Physical examination was not done on this visit.

Impression:

1. Severe chronic fatigue syndrome.
2. Orthostatic intolerance.
3. Idiopathic hypovolemia.

Treatment:

Discussion was held about pain management and we decided to add clonazepam in order to try to initiate sleep with greater ease and also as a peripheral adjunct for pain management. He will take 0.5 mg h.s. I will see him again in two week's time. We will continue the intravenous saline at the present time without changes.

David S. Bell, M.D.

DSB:ds

040907018478

David S. Bell, M.D.
77 South Main Street
Lyndonville, New York 14098
Telephone: (585) 765-2060

Patient: John McGee

Date: 08/11/03

Detailed discussion was held with John today concerning his intravenous fluids, which really does appear to have improved his activity slightly, and his return to work. He is quite focused on the need to return to work and seems to be perceiving that he will be able to be successful at work if he can put mind over matter. While I have not discouraged his return to work, I cautioned him concerning this as I would be concerned should he meet with failure on this. Nonetheless, he will return to work in the near future and try to restrict his activities for everything else. I plan to see him again in two to three weeks.

David S. Bell, M.D.

DSB:ds
Dictated, not read.

ML0445

Date of Visit: 8/11/03
Age: 43

NAME: Magee, John

David S. Bell, M.D.
77 South Main Street
Lyndonville, NY 14098
716-765-2060

Med. Allergies: Codeine

Meds: see symptom Rating Form

cc: CFS new

HPI:

activity increased somewhat. Depression very
severe & concerned about job & life.

See dictation

PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA/
Osteoarthritis/None
Other:

Looks Well:

Mildly Ill:

Toxic:

PSH: CADG/Appendectomy/GUHysterectomy/Hernia Repair/
Tubal Ligation/None
Other:ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Ears/Chills/Sore Throat

Neuro-Altered level of Consciousness/Seizure/
Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB

Skin-Itch/Ulcer

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/
Neck Pain/Back Pain

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

GI-Abdominal Pain/Nausea/Vomiting/
Diarrhea/ConstipationPsychiatric-Anxiety/Depression/Suicidal Ideation/
Homicidal Ideation

Other:

Other:

PE:

General:

Normal

Head:

Normal

Eyes/Ears:

Normal

Nose/Throat:

Normal

Neck:

Normal

CVS:

Normal

Lung/Chest:

Normal

Abdominal/Rectal:

Normal

Extremities:

Normal

Neuro:

Normal

Skin:

Normal

WT: 249 1/4 lbs HT:

R: 20

T: 97.0 P: 84

BP: 120/72

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td:

UTI/None/Current/N/A

LMP:

Postmenopausal/ N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

CFS - Severe

Depression - severe

Klonopin 0.5mg 4 pohs #30 #K075284

See dictation

RETURN

Discussion Held (Time)

extended @
visit

H. Bell

Date of Visit: 8-13-03 NAME: Magee, John
 Age:
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DME/Epilepsy/RA/ Osteoarthritis/None Other:
CC: Pt's wife phoned in - lost Klonopin script dated 8-11-03 -		
HPI: Per Dr. Bell another script mailed to pt, Pt's wife will send us the original if they find it. Klonopin 0.5mg PO bid #30 # 40752847		
Looks Well: Mildly Ill: Toxic:		PSH: CABG/Appendectomy/GM/Hysterectomy/Uterine Repair/ Tubal Ligation/None Other:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		
Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency		
HEENT-Visual Changes/Earache/Sore Throat NEURO-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness		
Respiratory-Cough/Production/Wheezing/SOB Skin-Itch/Ulcer		
CVS-Chest Pain/Edema/Palpitations Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain		SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation		
Other:		
PE:		WT: HT: R:
General-	Normal	T: P: BP:
Head-	Normal	FH: CAD/COPD/DM/HTN/CVA/None Other:
Eyes/Ears-	Normal	
Nose/Throat-	Normal	
Neck-	Normal	
CVS-	Normal	Td: UTI/Noncurrent/N/A
Lung/Chest-	Normal	LMP: Postmenopausal N/A
Abdominal/Rectal-	Normal	LAD/ XRAY / EKG
Extremities-	Normal	
Neuro-	Normal	
Skin-	Normal	

Assessment and Plan/Re-Assessment/Procedures

RETURN
 Discussion Held (Time)

040907018478

David S. Bell, M.D.
77 South Main Street
Lyndonville, New York 14098
Telephone: (585) 765-2060

Patient: John McGee

Date: 07/07/03

John was seen following his intravenous saline infusion and orthostatic testing. The orthostatic testing was clearly abnormal with a drop in blood pressure down to 78/64 immediately upon standing. This represents the diagnosis of systolic orthostatic hypotension, as well as orthostatic narrowing of the pulse pressure. He had a steady rise of his pulse up to 104 which does not quite meet the criteria for postural orthostatic tachycardia, however, these abnormalities are consistent with his idiopathic hypovolemia.

Detailed discussion was held today about his echocardiogram which showed borderline left ventricular hypertrophy. Because of his low circulating blood volume I do not feel that the saline would represent a risk to him and it may be that the increased work load of his heart would be reduced with improving his circulating blood volume. Discussion was held about the risks of infection and the unknown risks as this is a treatment that has not yet received thorough testing. Informed consent was signed and it was decided that we would begin one month of normal saline, one liter intravenously on a daily basis and then reassess. He was given my home phone number and was told to call if he has any concerns or symptoms that are different from the usual. He is going to be seeing his psychiatrist this evening and, in my personal feeling, I feel that he is fully able to make informed consent on these matters, and while he has had significant depression based upon his not being able to continue with work, I do not feel that he is depressed to the degree that would interfere with his being able to make an adequate judgement in this matter. They will call me with any questions and recheck in two weeks time otherwise.

David S. Bell, M.D.

DSB:ds

8/8/03 Verbal permission given by pt. for DSB to speak
with Carolyn Cerame - psychotherapist JS

Date of Visit: 7/7/03 NAME: Magee, John
 Age: 43
 Med. Allergies: Codeine, Iodine

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds: see symptom rating form

PMH: CAD/HTN/COPD/CVA/DME/Epilepsy/RA/
 Osteoarthritis/None
 Other:

CC: CFS w/ hypovolemia

HPI:

IV of limited value. Endocrin TID C. Cerave
 psychol. Psychologist - Dr. Chaudhri

dictated

Looks Well: Mildly Ill: Toxic:

PSH: CABG/Appendectomy/GN hysterectomy/Hernia Repair/
 Fetal Ligament/None
 Other:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earsache/Sore Throat Neuro-Altered level of Consciousness/Seizure/
 Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB Skin-Itch/Ulcer

CVS-Chest Pain/Edema/Palpitations Musculoskeletal-Myalgias/Arthralgias/
 Neck Pain/Back Pain

GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation Psychiatric-Anxiety/Depression/Suicidal Ideation/
 Homicidal Ideation

Other:

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None
 Other:

PE:

General: Normal

Head: Normal

Eyes/Ears: Normal

Nose/Throat: Normal

Neck: Normal

CVS: Normal

Lung/Chest: Normal

Abdominal/Rectal: Normal

Extremities: Normal

Neuro: Normal

Skin: Normal

WT: 246 lbs HT: R: 20

T: 96.1 P: 84 BP: 120/72

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td: UTM/Nucurem/NIA

LMP: Postmenopausal/NIA

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

RETURN

Discussion Held (Time)

7-10-03 - Spoke w/ Sue Keenan @ Pharm Health requesting 100cc o. 9% Normal Saline qd via

ML0449

Date of Visit: 7/1/03 NAME: MACKE, JOHN
 Age: 43
 Med. Allergies: Codeine, Iodine

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA/ Osteoarthritis/None Other:	
CC: O.T. + I.V.		10:45 AM BP 96/60 P-80	
HPI: FV started per D-Bell just below (R)		11:25 BP 96/56 P-72	
10" Antecubital site #21 Butterfly - infusing 0.9% normal saline		11:55 BP 100/58 P-72	
12:05 IV dcd 1000cc 0.9% Normal Saline absorbed			
Looks Well: Mildly Ill: Toxic:		PSH: CABG/Appendectomy/GBA hysterectomy/Hernia Repair/ Tubal Ligation/None Other:	
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:	
Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency			
HEENT-Visual Changes/Ears/Chen/Sore Throat Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness			
Respiratory-Cough/Production/Wheezing/SOB Skin-Rash/Ulcer			
CVS-Chest Pain/Edema/Palpitations Musculoskeletal- Myalgias/Arthralgias/ Neck Pain/Back Pain		↓ 6'2 165	
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation Psychiatric-Anxiety/Depression/Suicidal Ideation Homicidal Ideation		WT: 247 1/2 lbs HT: R: T: 94.6 P: BP: 96/60 See Orthostatic Testing	
Other:		FH: CAD/COPD/DM/HTN/CVA/None Other:	
PE:		Td: UTI/Noncurrent/N/A	
General- Normal		LMP: Postmenopausal/N/A	
Head- Normal		LAB/ XRAY / EKG	
Eyes/Ears- Normal			
Nose/Throat- Normal			
Neck- Normal			
CVS- Normal			
Lung/Chest- Normal			
Abdominal/Rectal- Normal			
Extremities- Normal			
Neuro- Normal			
Skin- Normal			

Assessment and Plan/Re-Assessment/Procedures

RETURN 7-7-03 - To see Dr Bell
 Discussion Held (Time)

P. Jones

040907 018478

David S. Bell, M.D.
77 South Main Street
Lyndonville, New York 14098

Telephone: (585) 765-2060

June 23, 2003

Dr. Melanie Kates
800 Ayrault Road, Suite 230
Fairport, New York 14450

Dear Dr. Kates:

This is just a letter to keep you up to date on the recent visits with John McGee. As you know, his chronic fatigue has become clearly worsened and he has had a worsening of depression, resulting in brief hospitalization recently. I think that it is most likely that the worsening of his activity restriction and the pain related to the chronic fatigue is one of the things that is clearly worsening his depression although, as you know, this has been a nation-wide debate over the past several years. He has not had any response to the medications that we have been attempting to reduce his pain and, specifically, he has not responded to Neurontin, bupropion, tricyclics, specifically nortriptyline. He takes the narcotic Percocet 5/325 roughly three days a week and is reluctant to take more because it may worsen his depression and because of the concern of addiction. He has an appointment at pain modification clinic for the near future.

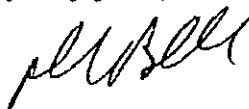
Mr. McGee had a circulating blood volume test done by the chromium-51 method in October of 2000. That test showed a striking degree of idiopathic hypovolemia with a red blood cell mass of 15.3 mL/Kg and a decreased plasma volume leading to a total blood volume of 38.2 mL/Kg, which is roughly 54 percent of normal. The mechanism whereby this occurs in patients with chronic fatigue syndrome has never been elucidated. There are current studies underway in Miami trying to look at some of this mechanism. He has been diagnosed as having orthostatic hypotension in the past by a rheumatologist. He will have that test repeated in this office next week. It is our thought at the present time that we might treat him with volume expansion, specifically 1 liter of normal saline on a daily basis for one month's time. In some patients with this degree of hypovolemia along with orthostatic intolerance and severe pain and other symptoms suggestive of chronic fatigue syndrome, that this treatment has had a symptomatic benefit. We have scheduled a cardiac echo in preparation for this and he will have orthostatic testing done next week.

ML0451

Dr. Kates
June 23, 2003
Page 2

Please do not hesitate to give me a call if you have questions concerning Mr. McGee. I feel that he has clearly been worsening over the past several years and he has arrived at the point where he is disabled and unable to go to work. It is my hope that with this treatment he will have an improvement of his symptoms to the degree that he will be able to resume full-time work, which is extremely important for him.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'DS Bell', written in a cursive style.

David S. Bell, M.D.

DSB:ds
Dictated, not read.

ML0453

Date of Visit: 5/22/03 NAME: MAGEE, JOHN
 Age:
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds: Percocet 1 PO 3x/wk PRN Celebrex 200mg PO qd
 Nor triptiline 25mg PO qd
 Lip. for 40mg PO qd
 PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA/
 Osteoarthritis/None
 Other: Casopt eye gts
 B, 2 500mg PO qd
 1g ea eye BID

HPI:

insomnia better otherwise no change
 present about 3/wk

Looks Well:

Mildly Ill:

Toxic:

PSH: CABG/Apenderectomy/GM hysterectomy/Hernia Repair/
 Fubal Ligation/None
 Other:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Ears/Throat

Neuro-Altered level of Consciousness/Seizure/
 Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB

Skin-Rash/Ulcer

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/
 Neck Pain/Back Pain

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

GI-Abdominal Pain/Nausea/Vomiting/
 Diarrhea/Constipation

Psychiatric-Anxiety/Depression/Suicidal Ideation/
 Homicidal Ideation

Other:

PE:

General- Normal

Head- Normal

Eyes/Ears- Normal

Nose/Throat- Normal

Neck- Normal

CVS- Normal

Lung/Chest- Normal

Abdominal/Rectal- Normal

Extremities- Normal

Neuro- Normal

Skin- Normal

WT: 248 lbs HT: R: 16

T: 95.3 P: 76 BP: 114/78

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td: ☐ Td ☐ Noncurrent/N/A

LMP: Postmenopausal/N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

CFS

increase nor triptiline to
 50 LS 25 mg PO qd

RETURN
 Discussion Held (Time)

Release

Date of Visit: 5/1/03
Age: 43

NAME: Magu, John

David S. Bell, M.D.
77 South Main Street
Lyndonville, NY 14098
716-765-2060

Med. Allergies: Codeine, Iodine

Meds: See Symp Rating Form

PMH: CAD/HTN/COPD/CVA/DW/Epilepsy/RA/
Osteoarthritis/None
Other:

CC: CFS rev

HPI:

overall worsening. Joints sore - unable to get
to work. stopped work 1 1/2 yrs ago - could
not perform.
at one time - 35 min
Pain clinic at strong - trigger point inj.

Looks Well:

Mildly Ill:

Toxic:

PSH: CABG/Appendectomy/GB/Hysterectomy/Hernia Repair/
Tubal Ligation/None
Other:ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earache/Sore Throat

NEURO-Altered level of Consciousness/Seizure/
Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB

Skin-Rash/Ulcer

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/
Neck Pain/Back Pain

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

GI-Abdominal Pain/Nausea/Vomiting/
Diarrhea/ConstipationPsychiatric-Anxiety/Depression/Suicidal Ideation/
Homicidal Ideation

Other:

PE:

General-

Normal

Head-

Normal

Eyes/Ears-

Normal

Nose/Throat-

Normal

Neck-

Normal

CVS-

Normal

Lung/Chest-

Normal

Abdominal/Rectal-

Normal

Extremities-

Normal

Neuro-

Normal

Skin-

Normal

WT: 242 lbs HT: R: 16

T: 95.1 P: 84 BP: 114/78

FH: CAD/COPD/DW/HTN/CVA/None

Other:

Td: UTD/Noncurrent/N/A

LMP: Postmenopausal/N/A

LAB/ XRAY / EKG

#632 IIII

#151, PD TID

script #90 #632 IIII

Assessment and Plan/Re-Assessment/Procedures

Depression
Pain

Re-assess (oxycodone) 5/325
oral TID x pain
Not fully relieved 25 HS to
50 HS

RETURN
Discussion Held (Time)

H. Bell

Date of Visit: 5/31/02
 Age: 42
 Med. Allergies: Codaine Iodine

NAME: Magee, John

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds: See Symptom Rating Form

PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RW
 Osteoarthritis/None
 Other:

CC: CFS

HPI:

Overall worse, hurting all over, increased pain.

Looks Well:

Mildly Ill:

Toxic:

PSH: CABG/Appendectomy/GB/Hysterectomy/Hernia Repair
 Tubal Ligation/None
 Other:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Ears/Chills/Sore Throat

Neuro-Altered level of Consciousness/Seizure/
 Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB

Skin-Rash/Ulcer

Alpex 40
discontinued

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/
 Neck Pain/Back Pain

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None
 Other:

GI-Abdominal Pain/Nausea/Vomiting/
 Diarrhea/Constipation

Psychiatric-Anxiety/Depression/Suicidal Ideation/
 Homicidal Ideation

Other:

PE:

no changes

General-

Normal

Head-

Normal

Eyes/Ears-

Normal

Nose/Throat-

Normal

Neck-

Normal

CVS-

Normal

Lung/Chest-

Normal

Abdominal/Rectal-

Normal

Extremities-

Normal

Neuro-

Normal

Skin-

Normal

WT: 250 lbs HT: 5'8" R:

T: 95.4 P: 68 BP: 110/68

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td: ☐ STD/Noncurrent/N/A

LMP: ☐ Postmenopausal/ N/A

LAB/ XRAY / EKG Slip given for
CBC, ESR, CMP, RF, ANA, Cortisol

Assessment and Plan/Re-Assessment/Procedures

CFS

Amantadine 100mg 1/2 - 1 tab BID

Darvocet N 100 # 90 PO TID PRN

RETURN

Discussion Held (Time)

[Signature]

040907018478

Date of Visit: 10/26/01 NAME: John Magee
 Age:
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds: <i>Celebrex 200 39d</i> <i>Celebra 40 9d</i>		PMH: CAD/HTN/COPD/CVA/DW/Epilepsy/RA/ Osteoarthritis/None Other:
CC: CFS		
HPI: <i>increased pain in joints. Changed to Vicorx back to Celebrex. Arms feeling asleep. able to work. Heavy sleep, unrefreshing for aches + pains</i>		
Looks Well:	Mildly Ill:	Toxic:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		PSH: CABG/Appendectomy/GBM hysterectomy/Hernia Repair/ Tubal Ligation/None Other:
Constitutional-Fever/Chills/Weakness	GU-Dysuria/Frequency/Urgency	
HEENT-Visual Changes/Earache/Sore Throat	NEURO-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory-Cough/Production/Wheezing/SOB	Skin-Rash/Ulcer	
CVS-Chest Pain/Edema/Palpitations	Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain	SI: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation	Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:		
PE:		WT: HT: R:
General- ✓	Normal	T: P: BP:
Head- ✓	Normal	FH: CAD/COPD/UM/HTN/CVA/None Other:
Eyes/Ears- ✓	Normal	
Nose/Throat- ✓	Normal	
Neck- ✓	Normal	
CVS- ✓	Normal	
Lung/Chest- ✓	Normal	Td: UTD/Noncurrent/N/A
Abdominal/Rectal- ✓	Normal	LMP: Postmenopausal/ N/A
Extremities- ✓	Normal	LAB/ XRAY / EKG
Neuro-	Normal	
Skin-	Normal	

Assessment and Plan/Re-Assessment/Procedures

CFS

Dawson H-100 77d pri-

RETURN
 Discussion Held (Time)

[Signature]

Date of Visit: 4-20-01 NAME: Magee, John
 Age: 41
 Med. Allergies: CODEINE IODINE

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds: CELEBREX 200mg 80 CELEXA 40 80		PMH: CAD/HTN/COPD/CVA/DW/Epilepsy/RA Osteoarthritis/None Other:
CC: CFS recheck		
HPI: NO response to modafinil 200 activity - crash after 2 days work tough - starting to take more time off. Sign very low works Kd doc memory loss Celexa helps. Headache		Vicodin - has 10 tablets for 2 yrs raw work
Looks Well:	Mildly Ill:	PSH: CABG/Appendectomy/GB/tysterectomy/ilemia Repair/ fubal Ligation/None Other:
ROS: Old chart reviewed. ROS unobtainable.		Other: Vicodin not helpful
Constitutional - Fever/Chills/Weakness	GU - Dysuria/Frequency/Urgency	
HEENT - Visual Changes/Ears/Throat	Neuro - Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory - Cough/Production/Wheezing/SOB	Skin - Itchy/Ulcer	
CVS - Chest Pain/Edema/Palpitations	Musculoskeletal - Myalgias/Arthralgias/ Neck Pain/Back Pain	SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI - Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation	Psychiatric - Anxiety/Depression/Suicidal Ideation Homicidal Ideation	
Other:		
PE:	WT: 252 1/2 HT: R: 16	
General - ✓ Normal	T: 96.7 P: 64 BP: 116/68	
Head - ✓ Normal	FH: CAD/COPD/DW/HTN/CVA/None Other:	
Eyes/Ears - ✓ Normal		
Nose/Throat - ✓ Normal		
Neck - ✓ Normal		
CVS - ✓ Normal	Td: UTD/Incurrent/N/A	
Lung/Chest - ✓ Normal	LMP: Postmenopausal N/A	
Abdominal/Rectal - ✓ Normal	LAB/ XRAY / EKG	
Extremities - ✓ Normal		
Neuro - ✓ Normal		
Skin - Normal		

Assessment and Plan/Re-Assessment/Procedures

CFS

Celebra 40 90
 modafinil 400 90
 baclofen 5 prn trial
 Vicodin 7500

RETURN

Discussion Held (Time)

D. Bell

Date of Visit: 10/31/00 NAME: John Magee
 Age: 46 yd. Resched. 11/9/00
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:	PMH: CAD/HTN/COPD/CVA/DW/Epilepsy/RA/ Osteoarthritis/None Other:
CC: <i>mild CFS</i>	
HPI: <i>No changes celebrex 400 qd; celebrex 200 qd amantadine 4 TS qd - no response. Vltiam pro Headache, activity, 12 hrs.</i>	<i>enteric diet not help. megaceles</i>
Looks Well: Mildly Ill: Toxic:	PSH: CABG/Appendectomy/GB/lvslectomy/Hernia Repair/ Tubal Ligation/None Other:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.	
Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency	
HEENT-Visual Changes/Ears/Chills/Sore Throat Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory-Cough/Production/Wheezing/SOB Skin-Rash/Ulcer	
CVS-Chest Pain/Edema/Palpitations Musculoskeletal-Myalgias/Axialgia/ Neck Pain/Back Pain	SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:	
PE:	WT: HT: R:
General- <input checked="" type="checkbox"/> Normal	T: P: BP:
Head- <input checked="" type="checkbox"/> Normal	FH: CAD/COPD/DW/HTN/CVA/None Other:
Eyes/Ears- <input checked="" type="checkbox"/> Normal	
Nose/Throat- <input checked="" type="checkbox"/> Normal	
Neck- <input checked="" type="checkbox"/> Normal	
CVS- <input checked="" type="checkbox"/> Normal	
Lung/Chest- <input checked="" type="checkbox"/> Normal	Td: UTD/Noncurrent/N/A
Abdominal/Pelvic- <input checked="" type="checkbox"/> Normal	LMP: Postmenopausal/ N/A
Extremities- <input checked="" type="checkbox"/> Normal	LAB/ XRAY / EKG
Neuro- <input checked="" type="checkbox"/> Normal	
Skin- <input checked="" type="checkbox"/> Normal	

Assessment and Plan/Re-Assessment/Procedures

mild CFS

- ① D/C amantadine
- ② Modafinil 100 qd → 200
- ③ call at home
- ④ fennel

RETURN
 Discussion Held (Time)

11/27/00

DC

Modafinil felt worse

JSB

Date of Visit: 10/9/00 NAME: John Magee
 Age: 40
 Med. Allergies: Codeine Iodine

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DMEpilepsy/RA Osteoarthritis/None Other:
CC: CFS <i>new</i>		<i>See SR 7</i>
HPI:		
<i>Treatment in past Co Q10 antidepressants @ Calera - note</i>		
Looks Well:	Mildly Ill:	Toxic:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		PSH: CABG/Appendectomy/GB/Hysterectomy/Hernia Repair/ Tubal Ligation/None Other:
Constitutional-Fever/Chills/Weakness	GU-Dysuria/Frequency/Urgency	
HEENT-Visual Changes/Ears/Throat	Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory-Cough/Production/Wheezing/SOB	Skin-Rash/Ulcer	
CVS-Chest Pain/Edema/Palpitations	Musculoskeletal- Myalgias/Arthralgias/ Neck Pain/Back Pain	SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation	Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:		
PE:		WT: 250 lb HT: R:
General-	Normal	T: 96.4 P: 84 BP: 122/66
Head-	Normal	FH: CAD/COPD/UM/HTN/CVA/None Other:
Eyes/Ears-	Normal	
Nose/Throat-	Normal	
Neck-	Normal	
CVS-	Normal	
Lung/Chest-	Normal	Td: UTI/Noncurrent/N/A
Abdominal/Rectal-	Normal	LMP: Postmenopausal/ N/A
Extremities-	Normal	LAB/ XRAY / EKG
Neuro-	Normal	
Skin-	Normal	

Assessment and Plan/Re-Assessment/Procedures

trial of modafinil, wellbutrin, amantadine

RETURN
 Discussion Held (Time)

1 hour visit

RLB

040907018478

Date of Visit: 9/18/00
 Age: 40
 Meds:

NAME: John Magee
 Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Chief Complaint: CFS EVAL.

History of Present Illness:

Interval History \ System Review:

Previous Labs:

Social History:

Family History:

Looks Well:

Mildly Ill:

Toxic:

Other:

T: 95.3 RR: 20 P: 72 BP: 122/72 Wt: 244 lb Ht: 74" Normal ☒
 Abnormal ☒
 No Exam ☐
 Skin: Eyes:
 Ears: Throat:
 Mouth: Thyroid: Neck: Nodes:
 Chest: Heart:
 Abdomen: Neuro: Emotions:
 Other:

IMPRESSION:

1.

2.

3.

PLAN: Slip given to MMH let for
 Cortisol ADH Angiotensin II, Aldosterone

1.

2.

3.

Inactive:

Discussion Held (Time)

RETURN

ML0461

Date of Visit:

NAME:

Age:

Meds:

Med. Allergies:

David S. Bell, M.D.
 77 South Main Street
 Lyndonville, NY 14098
 716-765-2060

Chief Complaint:

History of Present Illness:

Interval History \ System Review:

Previous Labs:

Social History:

Family History:

Looks Well:

Mildly Ill:

Toxic:

Other:

T:	RR:	P:	BP:	Wt:	Ht:	Normal <input checked="" type="checkbox"/>
Skin:	Eyes:					Abnormal <input checked="" type="checkbox"/>
Ears:						No Exam <input type="checkbox"/>
Mouth:	Thyroid:	Neck:		Throat:		
Chest:				Nodes:		
Abdomen:				Heart:		
Other:				Neuro:	Emotions:	

IMPRESSION:

PLAN:

1.

1.

2.

2.

3.

3.

Inactive:

Discussion Held (Time)

RETURN

040907 018478

onset - paresthesia, leg aches gradual
4/95. increasing sx. Hx started few months
later. Exhausted worsening 1st year then
plateau. Began Depression after 6 mos
worst point summer of '99. No diagnosis,
no improvement. No dx
Dx fibromyalgia, CFS.

PMHx - '88 back surgery. Had 5 surgery
all together. glaucoma 10 yrs ago
eye drops - 9 y mos. ⊕ Tonsils age 6

work quality assurance. able to work

ML0464

PE - lumbar scars
skin tags
rectal @ quac @
difficulty in
tandem stance

Hoffman's @
DTR's

labs - full screening back ago - Lyme
blood sugar low

Dr. - Drexler legs
② glaucoma
③ still first allergy
④ back pain

trial of
off am

Px - coping sty
CBV, OT, bloods
corneal
① mod of need
② Procegel
③ stimulants - amastaden

LYNDONVILLE FAMILY HEALTH CENTER



David S. Bell, M.D.
Family Practice
Pediatrician Board Certified
Comprehensive Health Care

77 South Main Street
Lyndonville, New York 14098
Phone: (716) 765-2060
Fax: (716) 765-2067

JOHN MAGEE

EVALUATION DATE: 9/18/00

Mr. John Magee is a 40-year-old man who is being evaluated for possible Chronic Fatigue Syndrome. His primary care physician is Dr. Bergin in Rochester, NY.

He first became ill in approximately April 1995 with a gradual onset of restless legs, achiness in lower extremities, parathesiae and gradual onset of fatigue. The symptoms gradually increased in both number and severity and had persisted up until the present time. He has not been free of symptoms since 4/95. When the exhaustion became prominent, it worsened steadily throughout the first year and then hit a plateau and has remained relatively steady ever since that time. He did experience depression but the depression did not begin until after 6 months of symptoms and appeared to him quite separate from the initial symptoms that he experienced. There was a long delay in establishing a diagnosis of Chronic Fatigue Syndrome which was made within this past year. The worse point was in the summer of 1999, and at the present time, his depression has resolved quite well but he continues to have moderately severely symptoms. He is able to go to work on a daily basis; however, he says that he has almost no activity outside of going to work and participating in work. He is a quality engineer. On bad days, which occur about 4 times a month, he has essentially no upright activity and will sleep the entire day.

Worst Symptoms are: headaches, fatigue and body pain. Medications include Celebrex 200mg. daily and Celexa 40mg. daily. He has tried B-12 and numerous supplements including Q-10 which have not helped his symptoms.

PAST MEDICAL HISTORY: is positive for glaucoma which was diagnosed ten years ago, and for which he is taking eye drops daily. He is followed by an ophthalmologist and his pressures have remained stable. He had his tonsils removed at age 6, and in 1988 he had back surgery because of prolapsed disc and has had that revised on several occasions. There was some indication that there was nerve root irritation in the right leg related to his discs but he has never had weakness nor loss of reflexes.

PATTERN OF SYMPTOMS: Exhaustion is the most limiting symptom present. He feels as if he has just run a marathon, but he does not feel sleepiness. The fatigue has been present for nearly 5 years, it is clearly worsened with exertion and he will describe a crash if he over-exerts himself. It limits his activities and his day is now confined essentially to going to and from work. He does have recurrent sore throats at least 3 monthly and lasts from 2 days to 1 weeks. Lymphnode tenderness is not a significant problem. He does have eye pain and light sensitivity. His eye physician has said that it is not due to the glaucoma. He has odor sensitivity and he feels nausea and light-headedness with certain odors. Abdominal discomfort is present with nausea, and he also takes Tums but has no diarrhea or constipation. Muscle pain is very severe and he does have weakness, stiffness and recurrent backache. His legs give him more difficulty than the upper extremities. He has had

040907018478

JOHN MAGEE

PAGE 2

numerous evaluations including nerve conduction velocity studies, muscle enzymes, and he did have a muscle biopsy but it is unlikely that mitochondrial studies were done on the muscle biopsies. Joint pain is present and he has morning stiffness, headache is present daily usually in the occipital area and varies in severity. Cognitive symptoms are present and are prominent. He is able to drive but notices word-finding difficulties, and has difficulty in maintaining attention. He has light-headedness and balance disturbance. His muscle stiffness is clearly better after a shower but feels very tired after a bath. Unrefreshing sleep is a prominent symptom and he sleep lightly and has frequent waking during the night. At the present time, depression is not a significant symptom. He did have depression starting six months after the onset of the other symptoms. Night sweats are very prominent on a nightly basis; he has developed some allergies including seafood. He does not have excessive thirst but does drink up to 6 cups of liquid daily including two cups of coffee. He does not have difficulty with alcohol and has never used illegal drugs. Overall, his activity is at 30% of normal. Modified Karnofsky score is 40; FISK Fatigue Impact Scale Score is 70; BECK Depression Inventory score is 5.

REVIEW OF LABORATORY DATA: Recent lab data done in New Jersey is not available for review but he was told that it was a comprehensive screening for Chronic Fatigue Syndrome, including Lyme disease testing and that it was negative. Previous laboratory data shows no alternative explanation for his symptoms. He had a normal B-12 levels, ANA was normal, several consultations by neurologists without specific diagnosis. MRI of the spine was ordered, and I did not see the films but they were said to be normal.

PHYSICAL EXAM: reveals a healthy appearing, articulate man who is in no acute distress. He had no mood or thought disorder and does not appear depressed. T: 95.3 R: 20 P: 72 WT: 244 lbs. HT: 74"

Skin: Numerous skin tags in the axillae, no pathologic rashes. He has scars over the lumbar area from previous surgeries.

Eyes: Full ROM, pressures were not taken. Fundi normal, discs flat.

ENT: Normal

Neck: Supple; thyroid not enlarged nor tender

Nodes: No adenopathy or significant tenderness in the anterior/posterior cervical, axillary or scalene areas

Chest: Reveals full respiratory excursions, no RWR

Heart: NSR, no pathologic murmurs, no thrills or heaves.

Abd: Soft, nontender; no liver or spleen enlargement.

Rectal: Normal, with normal prostate; guiac was negative.

Ext: Normal; Muscle strength testing was grossly normal. Detailed testing was Fibromyalgia was not done this visit. DTR were equal and symmetrical at 1-2+. No clonus. Hoffman's sign was negative. Romberg was normal. He did have difficulty with tandem stance but was able to maintain it.

Mental: Status was normal and cranial nerves were normal.

IMPRESSION:

- 1) Restless Leg Syndrome
- 2) Glaucoma
- 3) S/P Back Surgery
- 4) Shellfish Allergy
- 5) Chronic Fatigue Syndrome

ML0467

JOHN MAGEE

PAGE 3

DISCUSSION

At the present time, John Magee would clearly have Chronic Fatigue Syndrome, as based upon the criteria of the Center for Disease Control. His Chronic Fatigue Syndrome is not severe to the degree where it has prevented him from working; however, his activity is clearly restricted so that essentially he has only work and then rests the rest of the day. The pattern of other symptoms, including disturbed sleep, muscle and joint pain, recurrent headaches, sore throat and cognitive difficulties is characteristic for CFS. He has had depression in the past but I do not feel that depression is causing any of the pattern of symptoms which he is experiencing. He has done well with Celexa and essentially his symptoms now are independent of the depression which he experienced several years ago. I do not see any evidence for primary gain or any evidence of other psychiatric or emotional problems. His communication was good throughout the evaluation, and he was very open and forthright.

Discussion was held about the nature of Chronic Fatigue Syndrome including some of the recent research and the likelihood of his prognosis over the next several years. It is my feeling that based upon his having a gradual onset of symptoms and his having a steady level of fatigue that he is unlikely to change from his current activity level for the next several years. However, in my experience, patients with this particular level of symptoms are likely to improve their activity 2-3 hours daily with certain medications and this was discussed briefly. It is unlikely that other medical tests will change the diagnosis or to establish some otherwise undetermined illness which is causing the basic pattern of activity restriction. The question of mitochondrial myopathies is complex and may, at some point, shed light on the nature of this illness. However, I do not feel that a repeat muscle biopsy for mitochondrial dystrophy would be appropriate at the present time. Discussion was also held about Arnold Chiari Malformation Type I and I would advise not proceeding with further diagnostic therapeutic steps regarding this issue at the present time.

Discussion was held about circulating blood volume, orthostatic testing and blood testing for some of the adrenal hormones which appear to be involved in maintaining circulating blood volume; and it was decided that we would go ahead with this testing. Following the testing, I think that it is likely that he would have benefit for a therapeutic trial of either Modafinil, Provigil, or stimulants such as Amantadine. And further discussion will be held based upon his orthostatic testing and circulating blood volume. He will return following this testing for further therapeutic discussions.



David S. Bell, M.D.

DSB:jp

David S. Bell MD, FAAP
77 South Main Street,
Lyndonville, NY 14098
585-765-2060

ADH / blood volume worksheet

Name: John Magee

Age: 44

Wt:

RBC Mass: 15.3

PV: 22.9

TBV: 38.2

ADH: 3.6

Osmolality: 311

urine osmolality

orthostatic hypotension — Neg
Diastolic hypertension — Neg
orthostatic tachycardia — Neg
orthostatic narrowing PP — Neg

Rochester General Hospital Laboratory
Theodor K. Mayer, MD PhD

25 Portland Ave.
Rochester, NY 14621

MAIL

CLINICAL LABORATORIES
Client Services

(585) 922-4451

COLLECTION DATE & TIME	REPORT DATE & TIME	ACCESSION NUMBER	TEST LOCATION
12/23/2003 10:30	12/24/2003 04:01	12233705	RHF

PHYSICIAN	PATIENT INFORMATION
BELL, DAVID S 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE NY 14098 Courier: MAIL	MAGEE, JOHN MR# : R0000821034 SEX: M DOB : 12/07/1959 AGE: 44 CHART: ADM: 12/23/03

Copies to: KATES, MELANIE; BELL, DAVID S AHMED, AITEZAZ

Ordered Tests: HEPATIC FUNCTION PANEL, LIPID PANEL, CK
CHEMISTRY

GENERAL CHEMISTRY

* TOTAL PROTEIN	7.4	g/dL	6.4-8.2
* ALBUMIN	4.5	g/dL	3.2-5.0
* GLOBULIN	2.9	g/dL	2.7-4.3
* ALK PHOS	95	U/L	30-135
* AST	26	U/L	7-37
* ALT	55	U/L	20-65
* BILI, TOTAL	0.6	mg/dL	0.0-1.0
* BILI, DIRECT	0.1	mg/dL	0.0-0.3
* BILI, INDIRECT	0.5	mg/dL	0.1-1.0
* CHOLESTEROL	172	mg/dL	100-200
* TRIGLYCERIDES	143	mg/dL	30-190
* HDL CHOLESTEROL	50	mg/dL	35-130
* LDL (calc)	93	mg/dL	65-130
* CHOL/HDL RATIO	3.4		

CHD Risk Group	CHOL/HDL RATIO Men	CHOL/HDL RATIO Women
Lowest	<3.8	<2.9
Low	3.8-4.7	2.9-3.6
Moderate	4.8-5.9	3.7-4.6
High	>5.9	>4.6

CARDIAC MARKERS

* CK 73 U/L

Legend: *-new results L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal

Site codes: E-Lakeside G-Genesee A-RGH W-Newark Wayne a-ARUP
156 West Ave 224 Alexander St 1425 Portland Ave 111 Driving Park Ave 500 Chipeta Way
Rochester, NY Rochester, NY Rochester, NY Newark, NY Salt Lake City, UT

PRINTED 12/24/2003 04:02

Page: 1 of 1

DEC 29 2003

040907018478

DAVID S. BELL, M.D.
77 SOUTH MAIN STREET
LYNDONVILLE, NEW YORK 14098

Orthostatic Testing: 927

110/76 P-92 Date: 7-1-03

John Magee

Recumbent (10 min) Time: 937 P: 84 BP: 126/82 Clinical:

Lg cuff

Motionless Standing

Time: 938	P: 96	BP: 78/64	Clinical: C/O (R) knee pain
Time: 943	P: 90	BP: 122/86	Clinical: Face felt cold
Time: 948	P: 96	BP: 126/86	Clinical: Sighing
Time: 953	P: 96	BP: 120/88	Clinical: Leg cramping
Time: 958	P: 94	BP: 116/86	Clinical: Arm falling asleep Feet dark
Time: 1000	P: 104	BP: 122/86	Clinical: Feet tingling Yawning
Time: 1003	P: 104	BP: 120/86	Clinical: No vertigo
Time: 1008	P: 98	BP: 124/82	Clinical: Feeling very warm Feet mottled
Time: _____	P: _____	BP: _____	Clinical: Both legs cramping
Time: _____	P: _____	BP: _____	Clinical: Legs trembling
Time: _____	P: _____	BP: _____	Clinical: Vertigo continues
Time: _____	P: _____	BP: _____	Clinical: SOB
Time: _____	P: _____	BP: _____	Clinical: chest pain
Time: _____	P: _____	BP: _____	Clinical: nausea
Time: _____	P: _____	BP: _____	Clinical: _____
Time: _____	P: _____	BP: _____	Clinical: _____
Time: _____	P: _____	BP: _____	Clinical: _____
Time: _____	P: _____	BP: _____	Clinical: _____
Time: _____	P: _____	BP: _____	Clinical: _____
Time: _____	P: _____	BP: _____	Clinical: _____

Normal sBP: recumbent: 100-142; Standing (4 min): 94-141; Orthostatic change: -19 to +11

Normal dBP: recumbent: 55-90; Standing: 61-97; Orthostatic change: -9 to +22

Normal P: recumbent: 54-98; Standing: 52-106; Orthostatic change: -8 to +27

Orthostatic systolic hypotension: fall in systolic blood pressure of 20 mmHg or more

Orthostatic diastolic hypotension: fall in diastolic BP of 10 mm Hg or more.

Orthostatic diastolic hypertension: rise in diastolic BP to 98 mm Hg or higher

Orthostatic narrowing of pulse pressure: fall in pulse pressure to 18 mm Hg or lower

Orthostatic postural tachycardia: increase in heart rate of 28 bpm or to greater than 110 b/min

Reference: Streiten DHP. Orthostatic disorders of the circulation. New York: Plenum, 1987:116.

Interpretation:

ML0471

Rochester General Hospital
 Theodor Mayer, MD PHD Dir.

CLINICAL LABORATORIES
 Client Services
 585-922-6100
 585-922-4451

COLLECTION DATE & TIME	REPORT DATE	ACCESSION NUMBER	LOCATION
05/30/03 12:10	06/03/03 04:21	0128330K	R-HF

PHYSICIAN		PATIENT INFORMATION	
DAVID S BELL MD MD:3 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE, NY 14098 MAIL# 0720		MAGEE, JOHN MR# : R000821034 DOB: 12/07/59 PHONE: 624-9306 CHART: NG REQ #:	SEX: M AGE: 43Y ADMIT: 05/30/03
TEST	FLAG	RESULTS	REFERENCE RANGE

A copy of this report has been sent to:
 AITEZAZ AHMED MD
 MELANIE M. KATES, MD

COMPLETE BLOOD COUNT

WBC	9.4	4.0-11.0	x10 ³
RBC	5.03	4.40-6.20	X10 ⁶
HGB	14.5	13.0-18.0	g/dl
HCT	44	40-52	%
MCV	87	80-100	um ³
MCH	28.9	26.0-34.0	pg
MCHC	33.3	32.0-36.0	g/dL
RDW	12.0	0.0-15.2	
PLT	215	150-450	x10 ³

DIFFERENTIAL

NEUT%	66.2	45-75	
LYMPH%	24.9	15.0-45.0	
MONO%	7.0	0.0-15	
EOS%	1.7	0.0-5.0	
BASO%	0.2	0.0-3.0	
ABS# NEUT	6.2	1.8-8.0	x10 ³
ABS# LYMPHS	2.3	1.0-4.8	x10 ³
ABS# MONOS	0.7	0.1-1.0	x10 ³
ABS# EOS	0.2	0.0-0.6	x10 ³
ABS# BASO	0.0	0.0-0.2	x10 ³
ESR	9	0-15	mm

LIPID PROFILE W/CALC LDL

CHOLESTEROL	HI	220	100-200	mg/dL
TRIGLYCERIDE	HI	245	30-190	mg/dL
HDL		60	35-130	mg/dL
LDL (CALC)		111	65-130	mg/dL
CHOL/HDL RATIO		3.7		

CHD Risk Groups

CHOL/HDL RATIO
 Men Women

Lowest	<3.8	<2.9
Low	3.8-4.7	2.9-3.6
Moderate	4.8-5.9	3.7-4.6
High	>5.9	>4.6

CK

64

35-232

U/L

Report Status: FINAL

(Copy)

Page 1 of 2

JUN 06 2003

ML0472

Rochester General Hospital.
Theodor Mayer, MD PHD Dir.

Rochester, NY 14621 Rochester, NY 14607

CLINICAL LABORATORIES

Client Services

585-922-6100

585-922-4451

COLLECTION DATE & TIME	REPORT DATE	ACCESSION NUMBER	LOCATION
05/30/03 12:10	06/03/03 04:21	0128330K	R-HF

PHYSICIAN	PATIENT INFORMATION
DAVID S BELL MD MD:3 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE, NY 14098 MAIL# 0720	MAGEE, JOHN MR# : R000821034 SEX: M DOB: 12/07/59 AGE: 43Y PHONE: 624-9306 ADMIT: 05/30/03 CHART: NG REQ #:

TEST	FLAG	RESULTS	REFERENCE RANGE
------	------	---------	-----------------

TSH		1.94	0.35-5.50 mcIU/mL
ANA			
ANTI-NUCLEAR ANTIBODY		NEG	[<1:80]
Pediatric Normal <1:40			
RHEUMATOID FACTOR		<20	0-30 U/ml
CRP, HIGH SENSITIVITY			
CRP-HS		2.7	mg/L
CRP-HS (High Sensitivity) Reference Range:			

hs-CRP Level	Relative Risk
less than 1.0 mg/L	Low
1.0 to 3.0 mg/L	Average
greater than 3.0 mg/L	High

Please note unit change

Minor elevations in CRP are associated with risk of myocardial infarction (MI) in patients with stable and unstable angina, and are an independent risk factor for future MI and ischemic stroke in apparently healthy individuals. The higher the CRP value, the greater the risk, starting at about 1.0 mg/L. Values above 10.0 mg/L are indicative of an acute inflammatory response.

HEPATIC FUNCTION PANEL

AST/GOT	23	7-37	U/L
ALT/SGPT	67	20-65	U/L
ALK PHOS	115	30-135	U/L
TOTAL BILI	0.9	0.0-1.0	mg/dL
DIRECT (CONJ)	0.3	0.0-0.3	mg/dL
INDIRECT (UNCONJ)	0.6	0.1-1.0	mg/dL
TOTAL PROTEIN	7.6	6.4-8.2	gm/dL
ALBUMIN	4.3	3.2-5.0	gm/dL
GLOBULIN	3.3	2.7-4.3	gm/dL
A/G RATIO	1.3	0.9-1.5	

MB

CLINICAL LABORATORIES
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COLLECTION DATE & TIME	REPORT DATE	ACCESSION NUMBER	LOCATION
06/05/02 09:20	06/13/02 03:48	01201607	R-HF

PHYSICIAN	PATIENT INFORMATION
DAVID S BELL MD 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE, NY 14098 MAIL# 0720	MAGEE, JOHN MR# : R000821034 SEX: M DOB: 12/07/59 AGE: 42Y PHONE: 624-9306 ADMIT: 06/05/02 CHART: REQ #:

TEST	FLAG	RESULTS	REFERENCE RANGE
------	------	---------	-----------------

COMPLETE BLOOD COUNT

WBC	6.1	4.0-11.0	x10 ³
RBC	4.93	4.40-6.20	X10 ⁶
HGB	13.7	13.0-18.0	g/dl
HCT	42	40-52	%
MCV	86	80-100	um ³
MCH	27.8	26.0-34.0	pg
MCHC	32.5	32.0-36.0	g/dL
RDW	12.0	0.0-15.2	
PLT	191	150-450	x10 ³
ESR	12	0-15	mm

COMPREHENSIVE METABOLIC

GLUCOSE	101	65-110	mg/dL
BUN	10	8-20	mg/dL
CREATININE	1.1	0.7-1.4	mg/dL
SODIUM	145	135-145	mEq/L
POTASSIUM	4.1	3.5-5.0	mEq/L
CHLORIDE	107	98-106	mEq/L
CO2	27	22-30	mEq/L
ANION GAP	11	7-16	
CALCIUM	9.7	8.5-10.2	mg/dL
AST/GOT	27	7-37	U/L
ALT/SGPT	56	20-65	U/L
ALK PHOS	81	30-135	U/L
TOTAL BILI	0.4	0.0-1.0	mg/dL
TOTAL PROTEIN	7.1	6.4-8.2	gm/dL
ALBUMIN	4.1	3.2-5.0	gm/dL
GLOBULIN	3.0	2.7-4.3	gm/dL
A/G RATIO	1.4	0.9-1.5	

Please note new normal range for Globulin (12/19/00)

Please note new normal range for A/G Ratio (01/08/01)

ANA	ANTI-NUCLEAR ANTIBODY	NEG	[<1:80]
	Pediatric Normal <1:40		
	RHEUMATOID FACTOR	<20	0-30 U/ml
	CORTISOL AM, SERUM	16.5	5.0-23.0 mcg/dL
The secretion of cortisol is episodic so a single AM and PM sampling may not demonstrate a higher AM cortisol and lower PM cortisol.			

[Signature]
 JUN 17 2002

Report Status: FINAL

(Original)

Page 1 of 1

Rochester General Hospital,
Theodor Mayer, MD PHD Dir.

CLINICAL LABORATORIES
Client Services
585-922-6100
585-922-4451

COLLECTION DATE & TIME	REPORT DATE	ACCESSION NUMBER	LOCATION
06/05/02 09:20	06/07/02 04:18	01201607	R-HF

PHYSICIAN	PATIENT INFORMATION
DAVID S BELL MD 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE, NY 14098 MAIL# 0720	MAGEE, JOHN MR# : R000821034 SEX: M DOB: 12/07/59 AGE: 42Y PHONE: 624-9306 ADMIT: 06/05/02 CHART: REQ #:

COMPLETE BLOOD COUNT

TEST	FLAG	RESULTS	REFERENCE RANGE
WBC		6.1	4.0-11.0 x10 ³
RBC		4.93	4.40-6.20 X10 ⁶
HGB		13.7	13.0-18.0 g/dl
HCT		42	40-52 %
MCV		86	80-100 um ³
MCH		27.8	26.0-34.0 pg
MCHC		32.5	32.0-36.0 g/dL
RDW		12.0	0.0-15.2
PLT		191	150-450 x10 ³
ESR		12	0-15 mm

COMPREHENSIVE METABOLIC

TEST	FLAG	RESULTS	REFERENCE RANGE
GLUCOSE		101	65-110 mg/dL
BUN		10	8-20 mg/dL
CREATININE		1.1	0.7-1.4 mg/dL
SODIUM		145	135-145 mEq/L
POTASSIUM		4.1	3.5-5.0 mEq/L
CHLORIDE		107	98-108 mEq/L
CO2		27	22-30 mEq/L
ANION GAP		11	7-16
CALCIUM		9.7	8.5-10.2 mg/dL
AST/GOT		27	7-37 U/L
ALT/SGPT		56	20-65 U/L
ALK PHOS		81	30-135 U/L
TOTAL BILI		0.4	0.0-1.0 mg/dL
TOTAL PROTEIN		7.1	6.4-8.2 gm/dL
ALBUMIN		4.1	3.2-5.0 gm/dL
GLOBULIN		3.0	2.7-4.3 gm/dL
A/G RATIO		1.4	0.9-1.5

Please note new normal range for Globulin (12/19/00)

Please note new normal range for A/G Ratio (01/08/01)

ANA			
ANTI-NUCLEAR ANTIBODY	NEG	[<1:80]	
Pediatric Normal <1:40			
RHEUMATOID FACTOR	<20	0-30	U/ml

24435 (Rev. 9/00)

AK

JUN 10 2002

Report Status: FINAL

(Original)

Page 1 of 1

**STRONG MEMORIAL HOSPITAL
URMC****DEPARTMENT OF RADIOLOGY
CONSULTATION REPORT**

601 ELMWOOD AVE.
ROCHESTER, N.Y. 14642
(716) 275-5434

3-Oct-2000

Patient Type: A
Location:
~~T888 51-1213~~

MAGEE, JOHN C
DOB: 7-Dec-1959 Sex: M
~~38723117~~

Clinical Info: 276.5

MRN: 1183494

Hx: ? POLYCYTHEMIA VERA

9/29/00 RED BLOOD CELL AND PLASMA VOLUME DETERMINATION

CLINICAL HISTORY: 40 year old female with the clinical diagnosis of hypovolemia.

PROCEDURE: On 9/29/00, 54 uCi of chromium 51 were administered to assess the red cell volume. In addition, 17 uCi of iodine 125 serum albumin was administered to determine the plasma volume.

FINDING: The patient's plasma volume was calculated at 2611 ml with a normal expected volume of 3634. The patient's red blood cell volume is 1740 cc. with a normal expected value of 2734.

IMPRESSION:

Reduced plasma volume with decreased red blood cell volume.

This consultation has been reviewed and approved by the attending radiologist after interpreting the exam with a radiologist in training

*WT = 113.6 kg**TBV = 38.2*

Robert E. O'Mara, M.D.

PV = 72.98 mL/kg

VASEEM CHENGAZI, M.D., Ph.D.

*RBC = 15.3 mL/kg**% error 53.8%*

Francisco Garcia, M.D.

Exam requested by: BELL, DAVID S. M.D. (LYNDONV)

Report sent to: KRASNER, MICHAEL S., MD

BELL, DAVID S. M.D. (LYNDONV)

2382976 (MC) NMBL1
78110 071-7-8110
2382977 NMBL2
78120 071-7-8120

NM BLOOD PLASMA 29-Sep-2000 4:13 PM

NM RED CELL VOL 29-Sep-2000 4:13 PM

SMH 524 2/86

VERBAL PRELIMINARY REPORTS AVAILABLE - CALL (716) 275-5368 FOR FURTHER INFORMATION

ML0476

David S. Bell MD, FAAP
 77-South-Main-Street
 Lyndonville, NY 14098
 716-765-2099
 fax 716-765-2067

Orthostatic Testing Results

Patient Name: John Magee
 # 860663

Date of Testing: 09/28/00

Recumbent:

	<u>Time</u>	<u>BP</u>	<u>Pulse</u>
Start:	<u>1230</u>	<u>133/76</u>	<u>74</u>
5 min:	<u>1235</u>	<u>126/76</u>	<u>71</u>
10 Min:	<u>1240</u>	<u>125/75</u>	<u>72</u>

128/76 P=72

Recumbent Norepinephrine: 1243
 SAMPLE DRAWN

SEP 28 2000

Standing:

	<u>Time</u>	<u>BP</u>	<u>Pulse</u>	<u>Observations</u>
Start:	<u>1245</u>	<u>125/84</u>	<u>85</u>	feels lightheaded when he stands up.
	<u>1248</u>	<u>130/81</u>	<u>90</u>	
	<u>1251</u>	<u>124/78</u>	<u>78</u>	
	<u>1254</u>	<u>111/77</u>	<u>85</u>	Bilateral "feet tingling" @ leg falling asleep getting a little tired
	<u>1257</u>	<u>126/82</u>	<u>86</u>	
	<u>1300</u>	<u>119/80</u>	<u>84</u>	
	<u>1303</u>	<u>109/79</u>	<u>87</u>	
	<u>1306</u>	<u>117/75</u>	<u>85</u>	continues same symptoms.
	<u>1309</u>	<u>111/80</u>	<u>89</u>	
	<u>1312</u>	<u>119/85</u>	<u>87</u>	
	<u>1315</u>	<u>120/89</u>	<u>88</u>	
	<u>1318</u>	<u>121/81</u>	<u>92</u>	
	<u>1321</u>	<u>119/80</u>	<u>92</u>	
	<u>1324</u>			
	<u>1327</u>			feeling coming back to legs.

Recumbent Norepinephrine: 1322 SAMPLE DRAWN

Sys — 119 PP — 30
 dia — 113
 P — 120

040907018478

LabCorp®

Specimen #	Type	Primary	Report	Lab
276 311-0721-0	5	70	FLU21	NO 1
Additional Information				
CD: 95183				
Date Collected: 12/07/09				
Patient Name: MAGEE, JOHN				
Sex: M Age (Yr/Mo): 040/09				
Patient Address:				
Date Collected	Date Entered	Date Reported		
12/08/00	03/10/00	10/06/00	5844	

Clinical Information		
10/06/00 10 26		
Physician ID	Patient ID	
0511	654433	
Account		
MEDINA MEMORIAL HOSPITAL 31109385		
ATTN: LABORATORY		
200 OHIO STREET		
MEDINA, NY 14103-5668		
716-798-2000 NYE		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
ANGIOTENSIN II					
Angiotensin II	25	no/L		10 - 30	NI

LAB: NI QUEST DIAGNOSTICS NICHOLS DIRECTOR:
33608 ORTEGA HWY S JUAN CAPISTRAN, CA 92690-6130

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 716-633-0901 LAB: 908-526-2400
LAST PAGE OF REPORT

P/B

Rec'd 10-9-2002

REPORT

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Specimen #	Type	Print	Dr.	
272-311-0716-0	*S	RN	FINAL	PS
TIME 1322				
Additional Information				
GP		DOB:		
1 FROZEN PLASMA		12/07/59		
CD- 98262				
Patient Name		Sex	Age (Yr/Mos)	
MAGEE, JOHN		M	040/09	
Patient Address				
Date Collected	Date Entered	Date Reported		
09/28/00	09/28/00	10/04/00		5737

03 02	
Clinical Information	
10/09/00 13:33	
Physician ID	Patient ID
BELL	860663
Account	
MEDINA MEMORIAL HOSPITAL 31109385	
ATTN: LABORATORY BC	
200 OHIO STREET BC	
MEDINA, NY 14103-1568	
716-798-2000 NYB	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
ANTI-DIURETIC HORMONE PROFILE					
ADH	3.6		pg/mL	0.0 - 8.0	BN

Note: ADH is an investigational assay. Clinical application has not been fully defined.

Osmolality	311	HI	mOsm/kg	275 - 295	BN
------------	-----	----	---------	-----------	----

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK MD
1447 YORK COURT BURLINGTON, NC 27215-2230

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 716-633-0901 LAB: 908-526-2400
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OCT - 6 2000

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ML0479

Specimen #	Type	Prim	Q	A
272-911-0737-0	*S	RN	FINAL	PG 1
TIME 1322				
Additional Information				
GP		DOB: 12/07/59		
PERIPHERAL VIEN/LAY DOWN		CD- 98264		
Patient Name		Sex	Age (Yr/Mos)	
MAGEE, JOHN		M	040/09	
Patient Address				
Date Collected	Date Entered	Date Reported		
09/28/00	09/28/00	10/02/00	5654	

03 02		LabCorp®	
Clinical Information		10/02/00 18:40	
Physician ID	BELL	Patient ID	860663
Account		MEDINA MEMORIAL HOSPITAL 31109385	
ATTN: LABORATORY		BC	
200 OHIO STREET		BC	
MEDINA, NY 14103-1568			
716-798-2000 NYB			

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Cortisol	16.5		mcg/dL	3.1 - 22.4	RN
			Male	Female	
	5 days old		0.6 - 19.8	0.6 - 19.8	
	2 mos-13 yrs.		2.4 - 22.9	2.4 - 22.9	
	14-15 yrs.		2.5 - 22.9	2.4 - 28.6	
	Adult (AM)		4.3 - 22.4	4.3 - 22.4	
	Adult (PM)		3.1 - 16.7	3.1 - 16.7	
17-OH Steroidone, Serum	12.5		ng/dL	1.0 - 16.0	BN
			0- 1 yr.	5.0 - 132.0	
			1- 3 yrs.	5.0 - 60.0	
			4- 7 yrs.	4.0 - 75.0	
			8-11 yrs.	3.0 - 28.0	
			12-16 yrs.	1.0 - 18.0	
			Adult (Supine)	1.0 - 16.0	
			Adult (Upright)	4.0 - 31.0	

LAB: RN LABCORP RARITAN
69 FIRST AVE RARITAN, NJ 08869

DIRECTOR: MARLENE DESQUITADO MD

LAB: BN LABCORP BURLINGTON
1447 YORK COURT BURLINGTON, NC 27215-2230

DIRECTOR: FRANK HANCOCK MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 716-633-0901 LAB: 908-526-2400
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ML0480

040907018478

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Specimen #	Type	Prim	Pos	Lab
272-911-0722-0	R	RN	FINAL	PG 1
TIME 1322				
OP SECOND DRAW		DOB:		
2 FROZEN PLASMA		12/07/59		
CD- 98260				
Patient Name		Sex	Age (Y/Mos)	
MAGEE, JOHN		M	040/09	
Patient Address				
Date Collected	Date Entered	Date Reported		
09/28/00	09/28/00	09/30/00		2770

Clinical Information		09/30/00 10:50
Physician ID	Patient ID	
BELL	860663	
Account		
MEDINA MEMORIAL HOSPITAL		31109385
ATTN: LABORATORY		BC
200 OHIO STREET		BC
MEDINA, NY 14103-1568		
716-798-2000 NYB		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CATECHOLAMINES, PLASMA					BN
CATECHOLAMINE FRAC, P					BN
Epinephrine, PL	20		pg/mL	<100	BN
Norepinephrine, PL	354		pg/mL	<400	BN
Dopamine, PL	<5		pg/mL	<143	BN
Catecholamine, Tot, Pl				<643	BN
Unable to calculate result since non-numeric result obtained for component test.					

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK MD
1447 YORK COURT BURLINGTON, NC 27215-2230

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 716-633-0901 LAB: 908-526-2400
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REPORT

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ML0481

040907018478

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Specimen #	Type	Primary	Ion	PG	1
272-911-0720-0	R	RN	FINAL	PG	1

TIME 1243
 OP 2 FROZEN PLASMA
 FIRST DRAW
 CD- 98259
 DOB: 12/07/59

Patient Name	Sex	Age (Yr/Mos)
MAGEE, JOHN	M	040/09

Date Collected	Date Entered	Date Reported	2769
09/28/00	09/28/00	09/30/00	2769

Clinical Information	09/30/00 10:50
Physician ID	Patient ID
BELL	860663
Account	
MEDINA MEMORIAL HOSPITAL	31109385
ATTN: LABORATORY	BC
200 OHIO STREET	BC
MEDINA, NY 14103-1568	
716-798-2000 NYB	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
ATECHOLAMINES, PLASMA					BN
CATECHOLAMINE FRAC, P					BN
Epinephrine, PL	19		pg/mL	<100	BN
Norepinephrine, PL	147		pg/mL	<400	BN
Dopamine, PL	<5		pg/mL	<143	BN
Catecholamine, Tot, PL				<643	BN
Unable to calculate result since non-numeric result obtained for component test.					

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK MD
 1447 YORK COURT BURLINGTON, NC 27215-2230

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 716-633-0901 LAB: 888-200-5439
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OCT -3 2000

REPORT

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ML0482

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77 SOUTH MAIN STREET
LYNDONVILLE, NEW YORK 14098

Chronic Fatigue Syndrome Follow-up Form

Name John MageeDate: 26 Feb. 20041. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.
☒ 4. I feel quite ill much of the time, and my activity is quite restricted.
☐ 5. I feel very ill, and my activity is severely restricted.
☐ 6. I feel extremely ill, and rarely get out of bed.

2. Please list all medications you are taking:

1. Wellbutrin XL 300mg/day
2. Lexapro 40mg/day
3. Lipitor 20mg/day
4. ~~clonazepam~~ klonopin .5mg/day
5. Vicodin PRN

6. Cosopt 1 drop/eye - 2x's/day
7.
8.
9.
10.

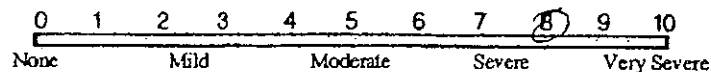
3. Since your last visit here, have you been diagnosed with any other illnesses? NO
If yes, please describe:4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

- a) Total hours sleeping: 10
b) Rest, but not sleeping:
(resting, watching TV, light reading, etc) 12
c) Light to moderate activity:
(shopping, housework, meals, etc): 2
d) Vigorous activity
(exercise, heavy cleaning, sports, etc): 24 hours

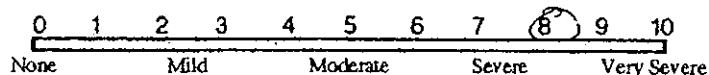
e) How many hours could you be out of the house at any one time on average during the past 2 weeks?2 hours

5. Symptom Severity: For each of the following symptoms please mark the scale that most closely correlates with the degree of the symptom over the past week.

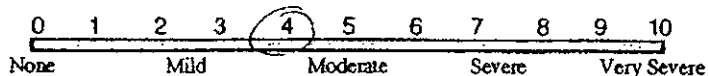
Fatigue or exhaustion:



Impaired memory or concentration



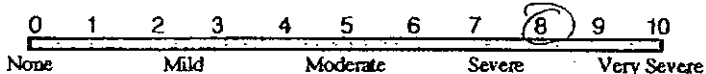
Sore throat:



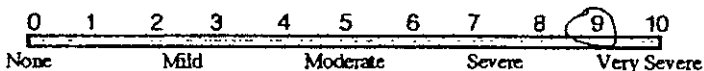
Tender lymph nodes:



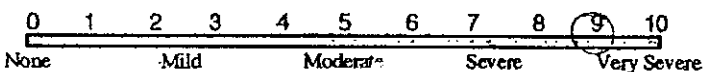
Muscle pain:



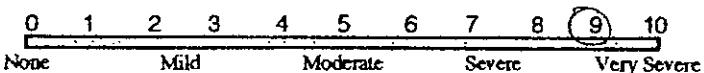
Joint pain:



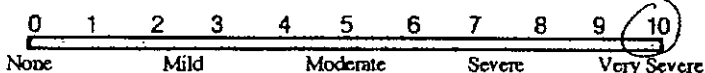
Headache:



Unrefreshing sleep:



Malaise or exhaustion after exertion:



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7. Activity Estimate: Please estimate your overall activity in the past month as to what your activity would be if you were well.

Please circle one: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. Wood Mental Fatigue Inventory (*Br J Clin Psych* 1993; 32:375-9.) In the past week, how much have you been bothered by each of the following? Please circle the appropriate number.

	Not at all	A little	Somewhat	Quite a lot	Very much
1. Spells of confusion	0	1	2	<u>3</u>	4
2. Thoughts getting mixed up	0	1	2	<u>3</u>	4
3. Poor concentration	0	1	2	<u>3</u>	4
4. Can't easily make decisions	0	1	2	<u>3</u>	4
5. Poor memory for recent events	0	1	2	3	<u>4</u>
6. Can't take things in when speaking to people	0	1	2	<u>3</u>	4
7. Thoughts are slow	0	1	2	3	<u>4</u>
8. Muzzy or foggy head	0	1	2	<u>3</u>	4
9. Can't find the right words	0	1	2	3	<u>4</u>

9. Epworth Sleepiness Scale: (Johns MW. *Sleep* 1991;14:540-545) Over the past few weeks, how likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

<u>Situation</u>	<u>would never doze</u>	<u>slight chance of dozing</u>	<u>moderate chance</u>	<u>high chance</u>
Sitting and reading	<u>0</u>	1	2	3
Watching TV	<u>0</u>	1	2	3
Sitting (inactive) in public	<u>0</u>	1	2	3
As a passenger in a car for one hour without a break	<u>0</u>	1	2	3
Lying down to rest in the afternoon	<u>0</u>	1	2	3
Sitting and talking to someone	<u>0</u>	1	2	3
Sitting quietly after lunch without alcohol	<u>0</u>	1	2	3
In a car, while stopped for a few minutes in traffic	<u>0</u>	1	2	3

6. Fatigue Impact Scale. [Fisk JD and co-workers. C I D.1994;18(Suppl 1):S79-S83.] The following statements are designed to determine how much impact fatigue has had on your life in the past month. Please indicate the most appropriate response for each statement below by circling 0 for no impact, 1 for slight impact, 2 for moderate impact, 3 for a big impact; and 4 for a very severe impact or problem.

1. I feel less alert.	0	1	2	3	4
2. I am more isolated from social contact.	0	1	2	3	4
3. I have to reduce my workload or responsibilities.	0	1	2	3	4
4. I am more moody.	0	1	2	3	4
5. I have difficulty paying attention for a long period.	0	1	2	3	4
6. I feel like I cannot think clearly.	0	1	2	3	4
7. I work less effectively (work inside or outside the home).	0	1	2	3	4
8. I have to rely more on others to help me or do things for me.	0	1	2	3	4
9. I have difficulties planning activities ahead of time.	0	1	2	3	4
10. I am more clumsy and uncoordinated.	0	1	2	3	4
11. I find that I am more forgetful.	0	1	2	3	4
12. I am more irritable and more easily angered.	0	1	2	3	4
13. I have to be careful about pacing my physical activities.	0	1	2	3	4
14. I am less motivated to do anything that requires physical effort.	0	1	2	3	4
15. I am less motivated to engage in social activities.	0	1	2	3	4
16. My ability to travel outside my home is limited.	0	1	2	3	4
17. I have trouble maintaining physical effort for long periods	0	1	2	3	4
18. I find it difficult to make decisions.	0	1	2	3	4
19. I have few social contacts outside of my own home.	0	1	2	3	4
20. Normal day-to-day events are stressful for me.	0	1	2	3	4
21. I am less motivated to do anything that requires thinking.	0	1	2	3	4
22. I avoid situations that are stressful for me.	0	1	2	3	4
23. My muscles feel much weaker than they should.	0	1	2	3	4
24. My physical discomfort is increased.	0	1	2	3	4
25. I have difficulty dealing with anything new.	0	1	2	3	4
26. I am less able to finish tasks that require thinking.	0	1	2	3	4
27. I feel unable to meet the demands that people place on me.	0	1	2	3	4
28. I am less able to provide financial support for myself and my family.	0	1	2	3	4
29. I engage in less sexual activity.	0	1	2	3	4
30. I find it difficult to organize my thoughts when I am doing things.	0	1	2	3	4
31. I am less able to complete tasks that require physical effort.	0	1	2	3	4
32. I worry about how I look to other people.	0	1	2	3	4
33. I am less able to deal with emotional issues.	0	1	2	3	4
34. I feel slowed down in my thinking.	0	1	2	3	4
35. I find it hard to concentrate.	0	1	2	3	4
36. I have difficulty participating fully in family activities.	0	1	2	3	4
37. I have to limit my physical activities.	0	1	2	3	4
38. I require more frequent and longer periods of rest.	0	1	2	3	4
39. I am not able to provide as much emotional support to my family.	0	1	2	3	4
40. Minor difficulties seem like major difficulties.	0	1	2	3	4

phone (585) 765-2060 fax (585) 765-2067

[illegible]

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DAVID S. BELL, M.D.
77 SOUTH MAIN STREET
LYNDONVILLE, NEW YORK 14098

Chronic Fatigue Syndrome Follow-up Form

Name John MageeDate: 7/7/031. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.
☐ 4. I feel quite ill much of the time, and my activity is quite restricted.
☒ 5. I feel very ill, and my activity is severely restricted.
☐ 6. I feel extremely ill, and rarely get out of bed.

start of
122. Please list all medications you are taking:

1. Celebrex - 200mg / day
2. Wellbutrin - 200mg / day
3. Effexor XR - 205mg / day
4. Lipitor - 20mg / day
5. Cosopt - 1 drop / eye / 2x day

6. Endoat - PRN
7.
8.
9.
10.

3. Since your last visit here, have you been diagnosed with any other illnesses? no

If yes, please describe:

1

4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

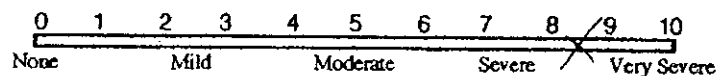
- a) Total hours sleeping: 10
b) Rest, but not sleeping:
(resting, watching TV, light reading, etc) 12.5
c) Light to moderate activity:
(shopping, housework, meals, etc): 1
d) Vigorous activity
(exercise, heavy cleaning, sports, etc): 1.5
24 hours

(1.5)

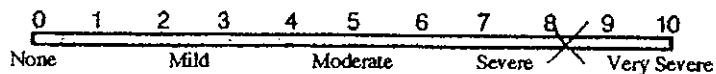
e) How many hours could you be out of the house at any one time on average during the past 2 weeks?1-2 hours

5. Symptom Severity: For each of the following symptoms please mark the scale that most closely correlates with the degree of the symptom over the past week.

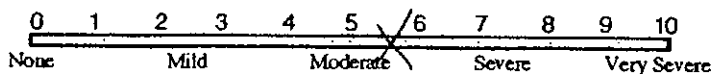
Fatigue or exhaustion:



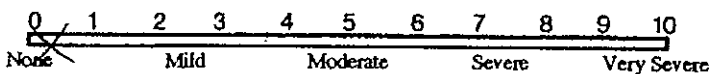
Impaired memory or concentration



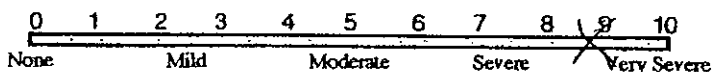
Sore throat:



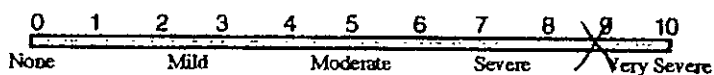
Tender lymph nodes:



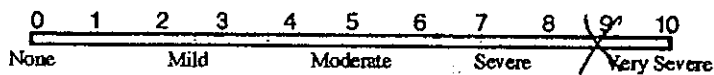
Muscle pain:



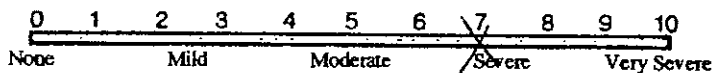
Joint pain:



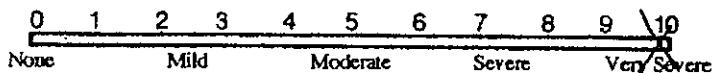
Headache:



Unrefreshing sleep:



Malaise or exhaustion after exertion:



66

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7. Activity Estimate: Please estimate your overall activity in the past month as to what your activity would be if you were well.

Please circle one: <10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. Wood Mental Fatigue Inventory (*Br J Clin Psych* 1993; 32:375-9.) In the past week, how much have you been bothered by each of the following? Please circle the appropriate number.

	Not at all	A little	Somewhat	Quite a lot	Very much
1. Spells of confusion	0	1	<u>2</u>	3	4
2. Thoughts getting mixed up	0	1	<u>2</u>	3	4
3. Poor concentration	0	1	<u>2</u>	3	4
4. Can't easily make decisions	0	1	<u>2</u>	3	4
5. Poor memory for recent events	0	1	2	3	<u>4</u>
6. Can't take things in when speaking to people	0	1	2	<u>3</u>	4
7. Thoughts are slow	0	1	2	<u>3</u>	4
8. Muzzy or foggy head	0	1	2	<u>3</u>	<u>4</u>
9. Can't find the right words	0	1	2	3	<u>4</u>

9. Epworth Sleepiness Scale: (Johns MW. *Sleep* 1991;14:540-545) Over the past few weeks, how likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

<u>Situation</u>	<u>would never doze</u>	<u>slight chance of dozing</u>	<u>moderate chance</u>	<u>high chance</u>
Sitting and reading	0	1	<u>2</u>	3
Watching TV	0	<u>1</u>	2	3
Sitting (inactive) in public	0	1	<u>2</u>	3
As a passenger in a car for one hour without a break	0	1	<u>2</u>	3
Lying down to rest in the afternoon	0	1	2	<u>3</u>
Sitting and talking to someone	0	<u>1</u>	2	3
Sitting quietly after lunch without alcohol	0	1	<u>2</u>	3
In a car, while stopped for a few minutes in traffic	<u>0</u>	1	2	3

6. Fatigue Impact Scale. [Fisk JD and co-workers. C I D.1994;18(Suppl 1):S79-S83.] The following statements are designed to determine how much impact fatigue has had on your life in the past month. Please indicate the most appropriate response for each statement below by circling 0 for no impact, 1 for slight impact, 2 for moderate impact, 3 for a big impact, and 4 for a very severe impact or problem.

- | | | | | | |
|---|---|---|---|---|---|
| 1. I feel less alert. | 0 | 1 | 2 | 3 | 4 |
| 2. I am more isolated from social contact. | 0 | 1 | 2 | 3 | 4 |
| 3. I have to reduce my workload or responsibilities. | 0 | 1 | 2 | 3 | 4 |
| 4. I am more moody. | 0 | 1 | 2 | 3 | 4 |
| 5. I have difficulty paying attention for a long period. | 0 | 1 | 2 | 3 | 4 |
| 6. I feel like I cannot think clearly. | 0 | 1 | 2 | 3 | 4 |
| 7. I work less effectively (work inside or outside the home). | 0 | 1 | 2 | 3 | 4 |
| 8. I have to rely more on others to help me or do things for me. | 0 | 1 | 2 | 3 | 4 |
| 9. I have difficulties planning activities ahead of time. | 0 | 1 | 2 | 3 | 4 |
| 10. I am more clumsy and uncoordinated. | 0 | 1 | 2 | 3 | 4 |
| 11. I find that I am more forgetful. | 0 | 1 | 2 | 3 | 4 |
| 12. I am more irritable and more easily angered. | 0 | 1 | 2 | 3 | 4 |
| 13. I have to be careful about pacing my physical activities. | 0 | 1 | 2 | 3 | 4 |
| 14. I am less motivated to do anything that requires physical effort. | 0 | 1 | 2 | 3 | 4 |
| 15. I am less motivated to engage in social activities. | 0 | 1 | 2 | 3 | 4 |
| 16. My ability to travel outside my home is limited. | 0 | 1 | 2 | 3 | 4 |
| 17. I have trouble maintaining physical effort for long periods | 0 | 1 | 2 | 3 | 4 |
| 18. I find it difficult to make decisions. | 0 | 1 | 2 | 3 | 4 |
| 19. I have few social contacts outside of my own home. | 0 | 1 | 2 | 3 | 4 |
| 20. Normal day-to-day events are stressful for me. | 0 | 1 | 2 | 3 | 4 |
| 21. I am less motivated to do anything that requires thinking. | 0 | 1 | 2 | 3 | 4 |
| 22. I avoid situations that are stressful for me. | 0 | 1 | 2 | 3 | 4 |
| 23. My muscles feel much weaker than they should. | 0 | 1 | 2 | 3 | 4 |
| 24. My physical discomfort is increased. | 0 | 1 | 2 | 3 | 4 |
| 25. I have difficulty dealing with anything new. | 0 | 1 | 2 | 3 | 4 |
| 26. I am less able to finish tasks that require thinking. | 0 | 1 | 2 | 3 | 4 |
| 27. I feel unable to meet the demands that people place on me. | 0 | 1 | 2 | 3 | 4 |
| 28. I am less able to provide financial support for myself and my family. | 0 | 1 | 2 | 3 | 4 |
| 29. I engage in less sexual activity. | 0 | 1 | 2 | 3 | 4 |
| 30. I find it difficult to organize my thoughts when I am doing things. | 0 | 1 | 2 | 3 | 4 |
| 31. I am less able to complete tasks that require physical effort. | 0 | 1 | 2 | 3 | 4 |
| 32. I worry about how I look to other people. | 0 | 1 | 2 | 3 | 4 |
| 33. I am less able to deal with emotional issues. | 0 | 1 | 2 | 3 | 4 |
| 34. I feel slowed down in my thinking. | 0 | 1 | 2 | 3 | 4 |
| 35. I find it hard to concentrate. | 0 | 1 | 2 | 3 | 4 |
| 36. I have difficulty participating fully in family activities. | 0 | 1 | 2 | 3 | 4 |
| 37. I have to limit my physical activities. | 0 | 1 | 2 | 3 | 4 |
| 38. I require more frequent and longer periods of rest. | 0 | 1 | 2 | 3 | 4 |
| 39. I am not able to provide as much emotional support to my family. | 0 | 1 | 2 | 3 | 4 |
| 40. Minor difficulties seem like major difficulties. | 0 | 1 | 2 | 3 | 4 |

040907018478

77 SOUTH MAIN STREET
LYNDONVILLE, NEW YORK 14098

Chronic Fatigue Syndrome Follow-up Form

Name John MageeDate: 1/26/031. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.
☒ 4. I feel quite ill much of the time, and my activity is quite restricted.
☐ 5. I feel very ill, and my activity is severely restricted.
☐ 6. I feel extremely ill, and rarely get out of bed.

2. Please list all medications you are taking:

1. Lexapro
2. Effexor XR
3.
4. Lipitor
5. Clonapin (SP?)

6. Vicodin PRN
7.
8.
9.
10.

3. Since your last visit here, have you been diagnosed with any other illnesses?

If yes, please describe:

no

4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

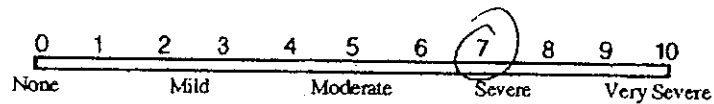
- a) Total hours sleeping: 11
b) Rest, but not sleeping:
(resting, watching TV, light reading, etc) 12
c) Light to moderate activity:
(shopping, housework, meals, etc): 1
d) Vigorous activity
(exercise, heavy cleaning, sports, etc): 0
24 hours

(1)

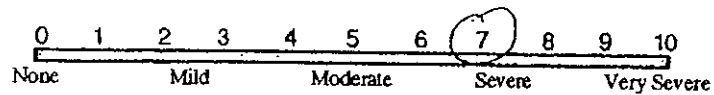
e) How many hours could you be out of the house at any one time on average during the past 2 weeks?2 hours

5. Symptom Severity: For each of the following symptoms please mark the scale that most closely correlates with the degree of the symptom over the past week.

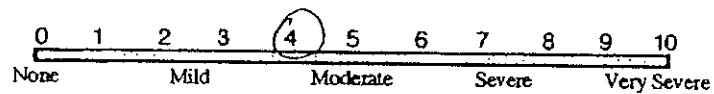
Fatigue or exhaustion:



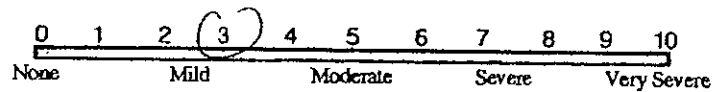
Impaired memory or concentration



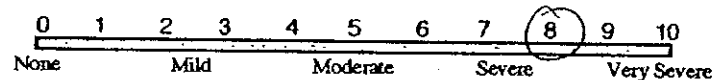
Sore throat:



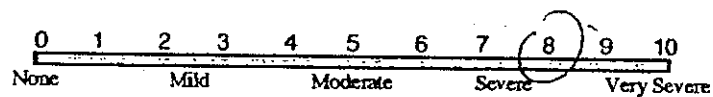
Tender lymph nodes:



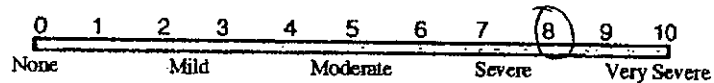
Muscle pain:



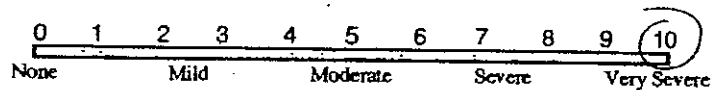
Joint pain:



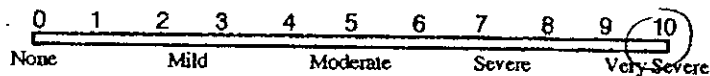
Headache:



Unrefreshing sleep:



Malaise or exhaustion after exertion:



65

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7. Activity Estimate: Please estimate your overall activity in the past month as to what your activity would be if you were well.

Please circle one: (10%) 20% 30% 40% 50% 60% 70% 80% 90% 100%

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	Not at all	A little	Somewhat	Quite a lot	Very much
1. Spells of confusion	0	1	(2)	3	4
2. Thoughts getting mixed up	0	1	(2)	3	4
3. Poor concentration	0	1	(2)	3	4
4. Can't easily make decisions	0	1	(2)	3	4
5. Poor memory for recent events	0	1	(2)	(3)	4
6. Can't take things in when speaking to people	0	1	(2)	3	4
7. Thoughts are slow	0	1	2	(3)	4
8. Muzzy or foggy head	0	1	2	(3)	4
9. Can't find the right words	0	1	2	(3)	4

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<u>Situation</u>	<u>would never doze</u>	<u>slight chance of dozing</u>	<u>moderate chance</u>	<u>high chance</u>
Sitting and reading	(0)	1	2	3
Watching TV	(0)	1	2	3
Sitting (inactive) in public	(0)	1	2	3
As a passenger in a car for one hour without a break	(0)	1	2	3
Lying down to rest in the afternoon	(0)	1	2	3
Sitting and talking to someone	(0)	1	2	3
Sitting quietly after lunch without alcohol	(0)	1	2	3
In a car, while stopped for a few minutes in traffic	(0)	1	2	3

6. Fatigue Impact Scale. [Fisk JD and co-workers. C I D.1994;18(Suppl 1):S79-S83.] The following statements are designed to determine how much impact fatigue has had on your life in the past month. Please indicate the most appropriate response for each statement below by circling 0 for no impact, 1 for slight impact, 2 for moderate impact, 3 for a big impact, and 4 for a very severe impact or problem.

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| 1. I feel less alert. | 0 | 1 | 2 | (3) | 4 |
| 2. I am more isolated from social contact. | 0 | 1 | 2 | 3 | (4) |
| 3. I have to reduce my workload or responsibilities. | 0 | 1 | 2 | 3 | (4) |
| 4. I am more moody. | 0 | 1 | 2 | 3 | (4) |
| 5. I have difficulty paying attention for a long period. | 0 | 1 | (2) | 3 | 4 |
| 6. I feel like I cannot think clearly. | 0 | 1 | 2 | (3) | 4 |
| 7. I work less effectively (work inside or outside the home). | 0 | 1 | 2 | (3) | 4 |
| 8. I have to rely more on others to help me or do things for me. | 0 | 1 | 2 | (3) | 4 |
| 9. I have difficulties planning activities ahead of time. | 0 | 1 | 2 | 3 | (4) |
| 10. I am more clumsy and uncoordinated. | 0 | 1 | (2) | 3 | 4 |
| 11. I find that I am more forgetful. | 0 | 1 | 2 | (3) | 4 |
| 12. I am more irritable and more easily angered. | 0 | 1 | 2 | (3) | 4 |
| 13. I have to be careful about pacing my physical activities. | 0 | 1 | 2 | (3) | 4 |
| 14. I am less motivated to do anything that requires physical effort. | 0 | 1 | 2 | (3) | 4 |
| 15. I am less motivated to engage in social activities. | 0 | 1 | 2 | 3 | (4) |
| 16. My ability to travel outside my home is limited. | 0 | 1 | 2 | 3 | (4) |
| 17. I have trouble maintaining physical effort for long periods | 0 | 1 | 2 | 3 | (4) |
| 18. I find it difficult to make decisions. | 0 | 1 | 2 | (3) | 4 |
| 19. I have few social contacts outside of my own home. | 0 | 1 | 2 | 3 | (4) |
| 20. Normal day-to-day events are stressful for me. | 0 | (1) | 2 | 3 | 4 |
| 21. I am less motivated to do anything that requires thinking. | 0 | 1 | (2) | 3 | 4 |
| 22. I avoid situations that are stressful for me. | 0 | 1 | (2) | 3 | 4 |
| 23. My muscles feel much weaker than they should. | 0 | 1 | 2 | 3 | (4) |
| 24. My physical discomfort is increased. | 0 | 1 | 2 | 3 | (4) |
| 25. I have difficulty dealing with anything new. | 0 | (1) | 2 | 3 | 4 |
| 26. I am less able to finish tasks that require thinking. | 0 | 1 | 2 | (3) | 4 |
| 27. I feel unable to meet the demands that people place on me. | 0 | 1 | 2 | (3) | 4 |
| 28. I am less able to provide financial support for myself and my family. | 0 | 1 | 2 | 3 | (4) |
| 29. I engage in less sexual activity. | 0 | (1) | 2 | 3 | 4 |
| 30. I find it difficult to organize my thoughts when I am doing things. | 0 | 1 | (2) | 3 | 4 |
| 31. I am less able to complete tasks that require physical effort. | 0 | 1 | 2 | (3) | 4 |
| 32. I worry about how I look to other people. | (0) | 1 | 2 | 3 | 4 |
| 33. I am less able to deal with emotional issues. | 0 | 1 | 2 | (3) | 4 |
| 34. I feel slowed down in my thinking. | 0 | 1 | 2 | (3) | 4 |
| 35. I find it hard to concentrate. | 0 | 1 | 2 | (3) | 4 |
| 36. I have difficulty participating fully in family activities. | 0 | 1 | 2 | (3) | 4 |
| 37. I have to limit my physical activities. | 0 | 1 | 2 | 3 | (4) |
| 38. I require more frequent and longer periods of rest. | 0 | 1 | 2 | 3 | (4) |
| 39. I am not able to provide as much emotional support to my family. | 0 | 1 | (2) | 3 | 4 |
| 40. Minor difficulties seem like major difficulties. | 0 | 1 | (2) | 3 | 4 |

(117)

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Chronic Fatigue Syndrome Follow-up Form

Name

John Magee

Date:

12/11/03

1. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.
☐ 4. I feel quite ill much of the time, and my activity is quite restricted.
☒ 5. I feel very ill, and my activity is severely restricted.
☐ 6. I feel extremely ill, and rarely get out of bed.

2. Please list all medications you are taking:

1. Celebrex 200mg
2. Effexor 225mg
3. Klonopin .1mg x 2 day
5. Lexapro 20mg

6. Lipitor 20mg
7. Cosopt 2 drops/eye/day
8. Vicodin PRN
10.

3. Since your last visit here, have you been diagnosed with any other illnesses?

If yes, please describe:

no

4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

a) Total hours sleeping:

10

b) Rest, but not sleeping:

(resting, watching TV, light reading, etc)

10

c) Light to moderate activity:

(shopping, housework, meals, etc):

4

d) Vigorous activity

(exercise, heavy cleaning, sports, etc):

24 hours

(4)

e) How many hours could you be out of the house at any one time on average during the past 2 weeks?

4 hours